

WEST SUFFOLK COUNTY COUNCIL

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ANNUAL REPORT  
of the  
Principal School Medical Officer  
for the  
YEAR 1968

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D. A. McCracken, O.St. J., M.D., D.P.H.

*Principal School Medical Officer*



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WEST SUFFOLK COUNTY COUNCIL

EDUCATION COMMITTEE

Telephone No:  
Bury St. Edmunds 2281



Manor House,  
Bury St. Edmunds.

*To the Chairman and Members of the Education Committee:*

Mr. Chairman, Ladies and Gentlemen,

I have the honour of presenting my report on the work of the School Health Service for the year 1968. The continuous increase in the number of children in attendance at the Council's schools, together with an increase in the number of modern schools of various types which are tending to replace small village-type of schools which have had their day, is an indication of the improvement in the educational system throughout the County. The increasing educational needs created by the influx of population under the expansion schemes is being adequately met by the provision of new buildings. The provision of much improved facilities for the physical development of children has progressed rapidly and appears to meet the needs of the expanding child population.

At the beginning of 1970 all children born in the County or who arrive from other areas, will be identifiable on the computer and by means of this modern technique it is anticipated that a positive step forward in the better care of children will be made, particularly in the field of vaccination and immunization. The production of a programme for this purpose has occupied much time of my deputy who has been involved in all the negotiations with the general medical practitioners and the computer staff.

I am glad to say that there has been a continuous improvement in the co-operation between the education, children's and my own health and welfare department. This is manifestly evident from the great interest the departmental staff take in the regular meetings of the "problem families" committee.

The work of the health education officer is very closely integrated with the work of the schools and I am much encouraged by the high level of co-operation and co-ordination which exists between the head teacher and the health education officer.

Finally I wish to acknowledge with grateful appreciation the co-operation of all my colleagues in the education and medical fields and the helpful understanding of the Chairman and Members of the School Welfare Sub-Committee. I am also particularly grateful for the help and understanding of my professional colleagues in general practice and as one would expect the staff of the school health department have been most loyal and assiduous in their duties.

I have the honour to be,  
Your obedient Servant,

DAVID ANDREW McCracken,

*Principal School Medical Officer.*

18th August, 1969.

## STAFF OF THE SCHOOL HEALTH SERVICE

Principal School Medical Officer	D. A. McCracken, M.D., D.P.H.
Deputy Principal School Medical Officer	A. J. Rae, M.R.C.S., L.R.C.P., D.P.H.
Senior Medical Officer	A. M. Lush, M.R.C.S., L.R.C.P., D.C.H., D.(Obst.)R.C.O.G., D.P.H.
School Medical Officers	P. Coggin Brown, M.R.C.S., L.R.C.P., D.P.H. E. Kinnear, M.B., Ch.B., D.P.H. A. F. Morgan, M.B., B.S., L.R.C.P., L.R.C.S., L.R.F.P.S., D.P.H. to 15.9.68 L. B. Gonzalez, M.B., Ch.B., D.P.H.
Principal School Dental Officer	S. H. Pollard, L.D.S.
Dental Officers	J. Dewar, L.D.S. (part-time) Col. E. Ferguson, M.B.E., L.D.S. Mrs. S. Tribe, B.D.S., L.D.S. W. L. Norman (part-time), L.R.A.M., L.D.S., R.C.S. from 19.8.68
Principal Nursing Officer	Miss O. E. Payne, S.R.N., S.C.M., Q.N., H.V.Cert
Superintendent School Nurse/Health Visitor	Miss M. M. Ward, S.R.N., S.C.M., H.V.Cert.
School Nurses, etc. (as on 31.12.68)	One School Nurse, part-time, 26 School Nurse/ Health Visitors and four dental surgery assistants (one part-time)
Speech Therapists	Miss B. M. Elton, L.C.S.T. Mrs. J. B. Easdown, L.C.S.T. (part-time) Miss L. Lippiard, L.C.S.T. from 4.9.68
Health Education Officer	Mrs. S. Afnan, S.R.N., C.M.B., H.V.Cert., Dip.H.E. to 30.9.68
Administrative Officer	E. White

*Population and Types of Schools.*

The County of West Suffolk has an area of 390,916 acres. The estimated population at mid-1968 was 159,430. There are no county boroughs within the County. At the beginning of the year there were 21,902 children on the rolls of the schools. At the end of 1968 there were 123 schools in the County, 5 being grammar schools including one bilateral school, 12 secondary modern schools and 105 primary schools.

*Selective Medical Inspection.*

Continuing the practice described in last year's report, a school medical officer visited the primary schools at least twice during 1968 seeing children referred to him as "specials" and others previously drawn to his attention whom he wished to review. In some cases discussion of "reviews" with the appropriate member of staff was found more suitable than seeing the child. Additional visits were paid to various schools when required and it was found advisable to visit at least termly the primary schools in the expanding towns.

The school nurse visited all junior schools to test the vision of pupils aged 7/8 years and 10/11 years, and not already known to be receiving ophthalmic treatment. To the parents of children whose vision she thought defective, she sent printed forms advising them to consult their own doctors.

The doctors visited the secondary schools for Heaf testing and the giving of BCG vaccine, and also to carry out routine surveys of third-year pupils. It was thought better to see these children then, rather than nearer the time of their leaving, as any problems likely to affect their employment could be investigated and if possible mitigated whilst they were still at school. These surveys included vision tests, with colour testing of the boys, and there were "reviews" as



in the primary schools. Additional visits were made to see children with special problems, and for the purposes of health education. The Tables at the end of this report show the number of selective medical inspections with the findings.

### *Speech Therapy.*

During the first nine months of 1968 the Speech Therapy service was maintained with the help of one full-time and one part-time therapist. In September a newly qualified speech therapist took up duties, and at this time the part-time therapist relinquished one of the two sessions she was working in Bury St. Edmunds. The southern area, which includes Sudbury, Haverhill and Hadleigh was taken over by the new therapist. With this area she inherited some 70 cases. However, a considerable number of fresh ones were soon being referred for her attention and she has been very busy since she started work here. The other full-time therapist was then free to concentrate on work in Bury St. Edmunds, Newmarket, Mildenhall and the northern area of the County.

During 1968 a total of 203 school children were either being seen regularly or were under periodic observation.

This number neither includes children from junior training centres, nor from private schools nor those attending the American Base School.

Before the end of the year a speech therapist had been appointed by the Americans to serve their school and pre-school children so that by the end of 1968 nearly all those cases had been handed over.

Work with pre-school children in the County is reported elsewhere.

### *Heaf Testing and B.C.G. Vaccination.*

As in previous years, Heaf testing and B.C.G. vaccination, where necessary, were offered to all pupils in the year of their fourteenth birthday or older, at all schools, including direct grant and private schools. Heaf positive reactors of the third and fourth degree of severity were x-rayed but none had active tuberculosis. Pupils who had had B.C.G. vaccination at an earlier age and who were re-tested, are not included in the following table:—

Year of birth	Number tested	Positive reactors	Percentage of positive reactors where statistically significant
1950	2	0	—
1951	6	1	—
1952	16	3	—
1953	398	16	4.0
1954	742	36	4.9
1955	3	0	—

### *Verminous Children.*

The policy has been continued of inspecting schools intensively when vermin are suspected, but not routinely examining all schools. In 1968 the nurses carried out 3,741 inspections and found 69 children verminous.

## SCHOOL PSYCHOLOGICAL SERVICE

During 1968 the School Psychological Service team continued to divide the major part of its time between its work in the schools and its work in the four Educational Guidance Centres at Haverhill, Sudbury, Bury St. Edmunds and Newmarket.

The number of full-time and part-time special classes again increased and the organisation of in-service training for special class teachers has become a task of some complexity. It was pleasing to note, however, that during the year several special class teachers obtained promotion both in the County and in other areas, and in addition increasing numbers of young applicants came forward for vacant posts.

In the schools the educational psychologists, at the invitation of head teachers, see and discuss children with a wide variety of learning and/or behaviour difficulties and attempt to offer some form of help. The remedial advisory teachers work closely with special class teachers and offer direct remedial help to small groups of children in a number of schools lacking their own remedial facilities.

The psychiatric social worker and the teacher/social worker attempt to strengthen the ties between home and school and to improve the links between the Education Department and the other social agencies that may be concerned with a family. (A social worker in training at Exeter University spent two months in the County during the year and was supervised by the psychiatric social worker. It is intended that this experiment should be repeated.)

At the Educational Guidance Centres the aim is to provide more intensive help of all kinds to children and parents whose problems tend to be more severe. A number of children assessed over a period at the Educational Guidance Centres are later referred for psychiatric examination or recommended for some form of special education.

Hampden House Hostel in Great Cornard was full by the end of the year and there is now a waiting list for vacancies. The regular review meetings have already revealed the excellence of the work being done by the Warden and his staff.

At the Remedial Centre in Bury St. Edmunds the equivalent of two full-time teachers have offered help to small groups of children with learning difficulties. In September the senior remedial teacher at the Remedial Centre and the two psychologists made a useful visit to the Word Blind Centre in London.

Thanks largely to the efforts of two members of the remedial advisory staff a holiday was arranged at Winterton-on-Sea for a party of children known to the School Psychological Service who would not otherwise have had a holiday. The party "camped" in a Norfolk primary school and with the help of other members of the team, of a group of Girl Guides, and of some volunteer helpers, the holiday was very successful. The Education Committee generously supported the venture and it is hoped that the holiday will become an annual event.

In September one of the remedial advisory staff was seconded for a year's advanced study at Birmingham University.

With the continuing development of the Service the most pressing need is for Educational Guidance Centre facilities in Mildenhall, Brandon and Hadleigh, and a start of work on the E.S.N. school in Bury St. Edmunds is awaited eagerly.

### HANDICAPPED PUPILS

The following table shows the number of handicapped pupils at, or awaiting vacancies at, special schools or hostels at the end of the year:—

	Blind	Partially Sighted	Deaf	Partially Hearing	Physically Handicapped	Delicate	Maladjusted	Educationally Subnormal	Epileptic	Speech Defects	TOTAL
At special schools or hostels..	2	1	10	2	3	4	28	25	2	—	77
At independent schools ..	—	—	1	—	—	—	5	—	—	—	6
Awaiting admission to special schools or hostels ..	—	—	—	—	—	1	5	5	—	—	11
. TOTAL ..	2	1	11	2	3	5	38	30	2	—	94

Twenty-four of the children included in the preceding table were at Hampden House, the hostel for maladjusted boys at Great Cornard. Of these, three were living at home and attending the hostel daily for tuition and guidance.

Of the others, two attended day special schools in Cambridge and 57 were at residential special schools outside the County.

The 11 children attending the unit for partially hearing pupils at Sexton's Manor Primary School, Bury St. Edmunds, are not shown in the above table because this is not a special school.

#### *Deaf and Partially Hearing Children.*

In the summer a mobile classroom was placed beside Sexton's Manor Primary School and the partially hearing children transferred. The new unit consisted of a large classroom with loop system and a small group room with special trainers. This larger unit meant that there was now adequate room for the 11 partially hearing children requiring this placement. As a second teacher of the deaf could not be obtained, a teacher without special training assisted part-time in the unit. It has always been the policy to integrate these children in the school, and to divide them among the ordinary classes for some periods each day.

Apart from the children in the unit, some ten partially hearing children were suitably placed at ordinary schools throughout the County.

#### *Physically Handicapped Children.*

Twenty-three children with varying degrees of physical handicap attended ordinary schools.

#### *Delicate Children.*

The twenty-four children at ordinary schools included five with the milder 'B' form of haemophilia.

#### *Epileptic Children.*

Thirty-four children known to be under medication for fits were attending ordinary schools. Only one caused any difficulty, and he may require special schooling in future.

#### *Maladjusted Children.*

A child psychiatrist and his team from the Institute of Family Psychiatry at Ipswich have outpatient sessions at two hospitals in West Suffolk. One hundred and twenty-nine children were known to have attended. There is continued liaison with the school health service and school psychological service.

The psychiatrist also visits Hampden House, the hostel for maladjusted boys, and advises the Warden. Admissions, discharges and progress are jointly discussed.

#### *Educationally Subnormal Children.*

Some 4% of the school population attend special classes in ordinary schools. Details of this are in the report of the School Psychological Service.

#### *Education in Hospitals.*

Eighty-eight Suffolk children were known to have received education in hospital. Twenty-two were in Newmarket General Hospital, 47 in West Suffolk General Hospital, Bury St.



Edmunds and 19 in hospitals outside the County. Most of the children were in hospital only for short periods.

#### *Education at Home.*

Eight children were taught at home during the year. Two had been suffering from acute rheumatism, and three were temporarily immobilized by heavy leg plasters. A fifteen-years-old boy who was a persistent school refuser was taught at home for some six months. He then reached school leaving age, and was brought to the special attention of the Youth Employment Officer. For the first half of a term a five-year-old girl with backward and difficult behaviour was taught by a home teacher, who gradually introduced the child into the local school where she is now successfully placed. The eighth child suffers from haemophilia type B and has variable periods of home tuition, otherwise attending the primary school by car transport.

### REPORT OF THE PRINCIPAL SCHOOL DENTAL OFFICER

My report for 1967 stated: 'all the schools should have at least an annual inspection and an offer of treatment in 1968'. This optimistic forecast was defeated by staff illness and in fact the number of children inspected in 1968 was less than in the preceding year. However, the number of children treated was almost the same and the number of fillings inserted was actually greater. This indicates a small but welcome increase in the "acceptance rate" and improved productivity.

In October a part-time dental officer was appointed for Bury St. Edmunds. At the time of writing the second dental surgery is being equipped so that it will be possible to cope with the back-log of treatment in this area and eventually to keep pace with the still increasing school population.

Dental health education continues to receive active consideration. At present efforts are being concentrated in certain primary schools where the headmaster or headmistress has shown particular interest.

Emphasis has recently been placed on the value of integrating health education with other school activities. In one area of the County, children were encouraged to write about and illustrate "visiting the dentist". The dental officer concerned demonstrated some of the results at the conference of the British Dental Association. Considerable interest was shown in the exhibit and favourable comment was expressed.

It is obvious that a good standard of oral hygiene in young children can only be maintained with the active co-operation of parents. Here I would emphasise the importance of the individual approach not only to the parent bringing a young child to the clinic for treatment but also to the older pupil attending more or less of his own volition.

A recent survey has shown that only a small proportion of the population is receiving regular dental care. It would appear that dental health education has, up to the present time, made little lasting impact. It seems unlikely that the country will ever have the financial resources or the manpower to treat the present level of dental disease. It is therefore of great importance that continuing efforts be made to bring about an improvement.

S. H. POLLARD,

*Principal School Dental Officer.*

### HEALTH EDUCATION

Health education in schools continued to expand. Many head teachers are now becoming aware of the importance of including this subject in their curriculum and are anxious to have courses and talks on a variety of health subjects, particularly those of a topical nature of specific interest to school leavers.



In some schools, complete courses of seven days' duration have been organised, and specialist speakers have visited these schools to talk on such topics as alcoholism, drug addiction, smoking, venereal diseases, mental and environmental health. Many of the talks have been illustrated with colour/sound films.

Schools participating in courses have included the King Edward VI Grammar School for Boys, County Grammar School for Girls, Hengrave Hall Convent School, Culford School, Newmarket Grammar School, Haverhill Secondary School, Breckland Secondary School, Ixworth Secondary School, Stoke-by-Nayland Secondary School and the Silver Jubilee Girls' School.

### SWIMMING BATHS

Increasing numbers of primary school swimming baths are being built, and there are now sixteen. There are four secondary school pools, and more are planned. These pools have more complex equipment. Advice is given on construction and maintenance, and the hygiene of the pupils.

### MEDICAL AND DENTAL EXAMINATION OF CHILDREN IN THE CARE OF THE COUNTY COUNCIL

The doctors inspected children in the long-term care of the County Council and the dental officers inspected all aged three years and over. Special examinations were also carried out when asked for by the Children's Officer.

### EXAMINATION OF ENTRANTS TO COLLEGES OF EDUCATION AND TO THE TEACHING PROFESSION

The school doctors examined 133 persons in accordance with the Ministry of Education Circular 249. Of these 30 had begun teaching including 15 who were awaiting admission to colleges of education.

## S T A T I S T I C S

TABLE I

SELECTIVE MEDICAL INSPECTIONS OF PUPILS ATTENDING  
MAINTAINED PRIMARY AND SECONDARY SCHOOLS

Age Groups inspected (by years of. birth)	No. of Pupils selected	Pupils found to require treatment, including those already under such treatment			No. of pupils found not to warrant a medical examination
		For defective vision (excluding squint)	For any other conditions	Total individual pupils	
1964 and later ) 1963 ) 1962 )	55	10	45	55	approx. 1,878
1961 .. ..	—	—	—	—	—
1960 .. ..	—	—	—	—	—
1959 .. ..	—	—	—	—	—
1958 .. ..	—	—	—	—	—
1957 .. ..	—	—	—	—	—
1956 .. ..	—	—	—	—	—
1955 .. ..	3	2	—	2	—
1954 .. ..	829	127	2	129	—
1953 or earlier ..	709	98	2	100	—
TOTAL .. ..	1,596	237	49	286	1,878

TABLE II

## OTHER INSPECTIONS

Number of Special Inspections ..	507
Number of Re-inspections ..	1,021
TOTAL ..	<u>1,528</u>

TABLE III

RETURN OF DEFECTS FOUND AT SPECIAL INSPECTIONS  
*(including defects already under treatment or observation)*

DEFECT OR DISEASE	SPECIAL INSPECTIONS	
	No. of Defects	
	Requiring treatment	Requiring observation only
Skin .. ..	3	—
Eyes—Vision .. ..	51	6
Squint .. ..	4	7
Other .. ..	3	—
Ears—Hearing .. ..	9	24
Otitis Media .. ..	1	—
Other .. ..	—	—
Nose and Throat .. ..	1	—
Speech .. ..	11	45
Lymphatic Glands .. ..	1	—
Heart .. ..	6	—
Lungs .. ..	7	1
Developmental—Hernia .. ..	1	—
Other .. ..	2	—
Orthopaedic—Posture .. ..	—	1
Feet .. ..	2	—
Other .. ..	—	—
Nervous System—Epilepsy .. ..	3	—
Other .. ..	—	—
Psychological—Development .. ..	26	4
Stability .. ..	3	3
Abdomen .. ..	—	—
Other .. ..	—	1



TABLE IV  
DENTAL INSPECTION AND TREATMENT

(1) Number of pupils inspected by the Authority's dental officers—						
(a)	At Periodic Inspections	..	..	..	..	14,056
(b)	As Specials	..	..	..	..	202
<b>Total</b>						<u>14,258</u>
(2)	Number offered treatment	..	..	..	..	4,892
(3)	Number actually treated	..	..	..	..	2,329
(4)	Attendance made by pupils for treatment		..	..	..	5,325
(5)	Half-days devoted to: Inspection	..	..	..	..	128
	Treatment	..	..	..	..	1,073
<b>Total</b>						<u>1,201</u>
(6)	Fillings—Permanent Teeth	..	..	..	..	3,367
	Temporary Teeth	..	..	..	..	2,281
<b>Total</b>						<u>5,648</u>
(7)	Extractions—Permanent Teeth	..	..	..	..	146
	Temporary Teeth	..	..	..	..	654
<b>Total</b>						<u>800</u>
(8)	Administration of general anaesthetics for extraction			..	..	155
(9)	Orthodontics: (a) Cases commenced during the year			..	..	13
	(b) Cases brought forward from previous year			..	..	14
	(c) Cases completed during the year			..	..	16
	(d) Cases discontinued during the year			..	..	5
	(e) Removable appliances fitted	..		..	..	15
	(f) Fixed appliances fitted	..		..	..	—
(10)	Number of artificial dentures fitted	..	..	..	..	5



